PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

04/10/2001 TITLE OF INVENTION: FILTER ELEMENT AND METHOD OF MAKING

08/25/2008

7590

1621 EUCLID AVENUE / 19TH FLOOR CLEVELAND, OH 44115

DON W. BULSON (PARK) RENNER, OTTO, BOISSELLE & SKLAR, LLP

49458

APPLICATION NO.

09/829 714

4a. The following fee(s) are submitted: Issue Fee

Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Typed or printed name

or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the 185UE FEE and PIBLICATION FEE (if required.) Blocket I through 5 should be completed where proposed the property of the property o

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must

Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope

addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO.

P135P0060US

Ranle

(Signature

CONFIRMATION NO

1799

(Date

have its own certificate of mailing or transmission.

Claudia Bader

Claudia

August 29, 2008

	T	T	T	Lance of the second service	TOTAL PREMIUM	DATE DUE
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/25/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
CECIL,	TERRY K	1797	210-493100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2_Boisse	Otto,
	nless an assignee is iden th in 37 CFR 3.11. Corr		THE PATENT (print or type data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY			ment has been filed for
Parker-Hannifin Corporation			Cleveland,	Ohio		

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛭 Corporation or other private group entity 🚨 Government

A check is enclosed.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prespring, and submitting the completed application from the USPTO. The complete submitting the completed application from the USPTO. The complete submitting the completed application from the USPTO. The complete submitted is the complete submitted by the complete submitted in the complete submitted by the complete submitted by

FIRST NAMED INVENTOR

Donald Ray Denton

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _________(enclose an extra copy of this form).

August 29, 2008

33,430

X Payment by credit card. KXXXXXXXXXXXXXXX via EFS Web

Registration No. ___

Nublication Fee (No small entity discount permitted)

Authorized Signature / Cynthia S. Murphy/

Cynthia S. Murphy